USAMEDDAC-JAPAN / BG Crawford F. Sams US Army Health Clinic

Pre-participation Physical Evaluation

Explain "Yes" answers below. Circle questions you don't know the answers to. I. Has a doctor ever denied or restricted your participation in sports for any reason? I. Has a doctor ever denied or restricted your participation in sports for any reason? I. Has a doctor ever denied or restricted your participation in sports for any reason? I. Has a doctor ever denied or restricted your participation in sports for any reason? I. Has a doctor ever denied or restricted your participation in sports for any reason? I. Has a doctor ever denied or restricted your participation in sports for any reason? I. Has a doctor ever denied or restricted your participation in sports for any reason? I. Has a doctor ever denied or restricted your participation or explain your denied and on the participation or explain your denied and participation or explain your denied decisions or pills? I. Do you have passed out or mearly passed out purpose the participation of the participation or explaint your devel disconnects? I. Have you ever passed out or nearly passed out purpose the fair disconnect your passed out provided and passed out purpose the fair disconnect your passed out purpose the fair disconnect your passed out purpose the fair disconnect your passed out provided and passed out provided and passed out provided and passed out provided your passed y	ATE OF EXAM				HIS	STORY FORM	_
Explain "Yes" answers below. Circle questions you don't know the answers to. 1. Has a doctor ever denied or restricted your participation in sports for any reason? 2. Do you have an onegoing medical condition (like diabetes or asthma)? 3. Are you currently taking any prescription or nonyrescription (over-the-counter) medicines, pollens, foods, or stinging insects? 4. Do you have allergies to medicines, pollens, foods, or stinging insects? 5. Have you ever passed out or nearly passed out DURING exercise? 6. Have you ever passed out or nearly passed out DURING exercise? 7. Have you ever passed out or nearly passed out AFTER exercise? 8. Does your heart more or skip beats during exercise? 8. Does your heart more or skip beats during exercise? 9. Has a doctor ever told you that you have extend problems? 10. Has a doctor ever told you that you have a heart problem? 11. Has anyone recommended you change your weight? 12. Does anyone in your family have a heart problem? 13. Has any family member or relative died of heart problem? 14. Has anyone recommended you change your weight? 15. Have you ever had a nitry, like a sprain, muscle or ligament tear, or tendinis, that caused you to miss a practice or ame? If yes, circle below. 16. Have you ever had a sirrylike a sprain, muscle or ligament tear, or tendinis, that caused you to miss a practice or ame? If yes, circle affected are below. 16. Have you ever had a sirrylike a sprain, muscle or ligament tear, or tendinis, that caused you to miss a practice or same? If yes, circle affected are below. 16. Have you ever had a sirrylike a sprain, muscle or ligament tear, or tendinis, that caused you to miss a practice or same? If yes, circle affected are below. 18. Have you been had a sirrylike a sprain, muscle or ligament tear, or tendinis, that caused you to miss a practice or same? If yes, circle affected are below. 19. Have you been that a sirrylike and you have or have you had any royle and a heart you than you have you weight? 19. Have you been that a s	Name		_Sex	Age_	Date of Birth		
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High cholesterol A heart infection 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) 11. Has anyone in your family died for no apparent reason? 12. Does anyone in your family have a heart problem? 13. Has any family member or relative died of heart problem or of sudden death before age 50? 14. Does anyone in your family have Marfan syndrome? 15. Have you ever had surgery? 16. Have you ever had surgery? 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected are below: 19. Have you had any broken or fractured bones or 19. Have you and a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? 10. Head Neck Shoulder Upper Elbow Forearm Hand/lingers Chest 10. Have you ever had a stress fracture? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Da you regularly use a brace or assistive device? 23. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? 39. Have you day problems with your eyes or vision? 40. Do you wear protective eyewear, such as goggles or a face shield? 41. Do you wear protective eyewear, such as goggles or a face shield? 42. Are you concerned about your weight? 43. Are you trying to gain or lose weight? 44. Have you trying to gain or lose weight? 45. Do you limit or carefully control what you eat? 46. Do you have any concerns that you would like to discuss with at doctor? 47. Have you ever had a menstrual period? 48. How old were you when you had your first menstrual period? 49. How many periods have you had in the last 12 month? Explain "Yes" answers here: 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Have you ever				37.	When exercising in the heat, do you have		
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